

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

DO 6/2/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 4/13/05		2 Serial/Patent # 10521170	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing Fee Change		\$ 100.00
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$ 100.00
		8 TO BE REFUNDED BY: CC	
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	19--4880	
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Rita White		TITLE: Legal Assistant Examiner	
SIGNATURE: Rita White		PHONE: 7/308-9140 ext. 231	
OFFICE: DO/EO			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: